24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
MeidasTouch	
	C C00746073
Check if 24-hour report	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Allora Industries LLC	02 08 2021
Mailing Address 150 Meadowfarm Rd	Amount
City State Zip Code	27640.00
East Islip NY 11730-2912	Transaction ID : 500006787 Date of Disbursement or Obligation
Purpose of Expenditure Billboard Ad Buy Category/ Type	02 / 04 / 2021
Name of Federal Candidate Support Office	Sought: House District: 00
HAWLEY, JOSHUA, DAVID, , Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought Disbut 2024	other (specify) ►
Full Name of Payee Allora Industries LLC	Date of Public Distribution/Dissemination
Mailing Address 150 Meadowfarm Rd	02 08 2021
130 Meadowiaiiii Ku	Amount
City State Zip Code	27640.00
East Islip NY 11730-2912	Transaction ID: 500006788 Date of Disbursement or Obligation
Purpose of Expenditure Billboard Ad Buy Category/ Type	02 / 04 / 2021
Name of Federal Candidate Support Office	e Sought: House District: 00
CRUZ, RAFAEL, TED, ,	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought Disbut 2024	ursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	55280.00
•	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Meiselas, Brett, Adam, , [Electronically Filed] Date	6 02 / Y = Y = Y = Y = Y
Signature	

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F24N Transaction ID :

This 48 Hour report is filed in response to the RFAI dated May 10, 2021. We are correcting for any IEs made since the Post Run Off reporting period that should have been reported within 48 hour of dissemination.

Form/Schedule: Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DITORIES	PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
MeidasTouch		C C00746073
Check if 24-hour report X 48-hour report X New re	eport Amends report fil	ed on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
J & Z Strategies		01 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5419 Hollywood Blvd		Amount
Ste C135		
City State	Zip Code	33217.65
Los Angeles CA	90027-3480	Transaction ID: 500006315 Date of Disbursement or Obligation
Purpose of Expenditure Billboard Ad Buy	Category/ Type	01 26 / 2021
Name of Federal Candidate	Support Off	fice Sought: House District: 00
HAWLEY, JOSHUA, DAVID, ,	X Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	140674.66 Dis	sbursement For: ✓ Primary General Other (specify) ✓
Full Name of Payee	·	Date of Public Distribution/Dissemination
J & Z Strategies		01 27 2021
Mailing Address 5419 Hollywood Blvd		Amount
Ste C135		
City State	Zip Code	3811.10
Los Angeles CA	90027-3480	Transaction ID: 500006318 Date of Disbursement or Obligation
Purpose of Expenditure Bumper Sticker Printing	Category/ Type	01 26 2021
Name of Federal Candidate	Support Of	fice Sought: House District:00
CRUZ, RAFAEL, TED, ,	X Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		sbursement For: ✓ Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		37028.75
	•	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
	conically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
MeidasTouch	C C00746073
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
J & Z Strategies	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5419 Hollywood Blvd Amo	punt
Ste C135	
City State Zip Code	50000.00
Date	e of Disbursement or Obligation
Purpose of Expenditure TV Ad Buy Category/ Type	04 15 7 2021
Name of Federal Candidate Support Office Sough	aht: House District: 00
JOHNSON, RONALD, HAROLD, ,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Calendar Year-To-Date Per Election for Office Sought Disburseme 2022	ent For: X Primary General Other (specify) >
	e of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address Amo	ount
City State Zip Code	
	e of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office Sou	ght: House District:
Oppose Presi	dent Senate State:
Calendar Year-To-Date Disburseme	ent For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	142308.75
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Meiselas, Brett, Adam, , [Electronically Filed] Date 06	02 2021
Signature	